	PAIENIA	e Novemi	RD		_/(0/7	773	3822							
	Cont.	CLA		S FILED -	PA	PART I (Column 2)				SMALL ENTITY TYPE			OTHER THAN		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	T	FEE	1	RATE	FEE	
BASIC FEE					i i	ALTERNATION SERVICES				3	80.00	OR	21	760.00	
TOTAL CLAIMS			20) minus	20=	*			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			3	minus	3 =	*		ı	X39=	1		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT									+130=	T		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL	_		OR	TOTAL		
CLAIMS AS AMENDED - PART II									. •	` L			OTHER	ΤΗΔΝ	
	(Column 1) (Column 2) (Column 3)								SMALI	_EN	ΓΙΤΥ	OR	SMALL		
AMENDMENT A	34/17 =	REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIC	DDI-/ DNAL ÆE		RATE	ADDI- TIONAL FEE	
	Total	* /	14	Minus	**	20	= 0		X\$ 9=	V		OR	X\$18=		
AME	Independent	*	/	Minus	***	<u> </u>	= 0		X39=	1		OR	X78=		
	FIRST PRESE	MIAIIC	N OF MU	JLTIPLE DE	ENL	DENT CLAIM			+130=			OR∕	+260=		
								Ł	TOTA				TOTAL		
		(Colu	umn 1)		(C	Column 2)	(Column 3)	Α	DDIT. FEI	Ē L		ron ,	ADDIT. FEE		
MENDMENT B		REM.	AIMS AINING TER IDMENT	Special Control	I PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIC	ODI- ONAL EE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**	····	=	L	X\$ 9=			OR	X\$18=	·	
M	Independent FIRST PRESE	* NTATIC	N OF MI	Minus	***		=		X39=			OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=			OR	+260=		
									TOTAL DDIT. FEE			OR ,	TOTAL ADDIT. FEE		
	N. S.		ımn 1)			olumn 2)	(Column 3)								
AMENDMENT C		REM/ AF	AIMS AINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE-	TIO	DDI- NAL EE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	*	N OF M	Minus	***	ENT OF THE	=		X39=			OR I	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							H	.120			ľ	.000		
*	f the entry in colur	L	+130= TOTAL	 		OR [+260= TOTAL								
***	If the "Highest Nur If the "Highest Nur The "Highest Num	mber Pre	viously Pa	id For" IN THI	S SPA	CE is less that	n 3. enter "3."		DIT. FEE				DDIT. FEE		

Application or Docket Number